EDITORIAL State of the Journal 2023: *Heart Rhythm 0²*

Jeanne E. Poole, MD, FHRS

Happy New Year! It is hard to believe that another year has passed. The memories of the dark days of the COVID-19 pandemic are starting to fade, but life has been forever changed. We faced great uncertainty and were humbled by the unknown. While we are back to "business as usual," we cannot forget the bravery and resilience of the frontline health workers, who undoubtedly saved many lives while risking their own. We also celebrate the dedication of those who brought the vaccines to use in record time, achieving >80% vaccination rates in the United States. Stepping into 2023, there is a renewed optimism and a greater sense of global community.

Heart Rhythm O^2 is starting its fourth year of publication. Submissions have continued to increase at a steady rate with 70% direct to the journal and the remainder as accepted transfers from *Heart Rhythm*. We continue to publish ~45% articles from outside the United States, including Asia, Australia, and Europe. A very exciting milestone is that we are going to publish monthly starting with this January issue and look forward to a continued increase in quality submissions. A goal for the next year is to decrease the turnaround time from submission to decision. We have a fantastic group of associate and section editors who are working diligently along with all the editorial board members to achieve this goal. The journal would not have accomplished its success without these individuals and our reviewers, who give their personal time for publishing important and influential science.

We published many great articles this past year. Review articles are always popular, and the most cited in this category was "Arrhythmias in the COVID-19 patient."¹ The most cited original article of the year was "Diagnosis-to-ablation time predicts recurrent atrial fibrillation and rehospitalization following catheter ablation."² The most popular Perspectives in Contrast papers tackled the topic of left atrial appendage occlusion in patients with atrial fibrillation.^{3,4}

I would like to extend special thanks to Dr Joshua Cooper, who served as our Social Media Editor from 2020 to 2022. Dr Cooper has stepped down from his role; we thank him for his support for the journal. Under his direction, we gained more than 3200 followers on Twitter. We are looking to expand our reach across additional social media platforms. In 2022, we launched our Fellows Corner with a goal to publish 1 article per issue. Thus far, we have published 6 articles. We encourage fellows to submit interesting cases or observations from their clinical experience. Electrophysiologists never tire of sharing their thoughts on how best to interpret challenging electrograms or debating the merits of one approach over another for arrhythmia management.

Another accomplishment this past year is our Allied Health Professionals (AHPs) section. Dr Carrie Harvey has coordinated with the Allied Professional Council to provide mentoring for interested AHPs in conducting research and publishing. AHPs often are leading quality improvement projects, running remote device clinics, and handling large panels of patients, all of which offer the opportunity to conduct formal investigations that may warrant publication.

We have continued to promote our Global Voices initiative, which aims to publish papers that provide race/ethnic/ sex analyses and represent the experience and research of our global colleagues. In December, we published a special issue dedicated to this topic, with 25 papers. Several of the papers explored the gaps in knowledge due to underrepresentation of minority populations, while others focused on practicing electrophysiology in low- and middle-income countries. We are also developing a series of Global Voices interviews with authors from these papers; we invite you to access these on HRStv.

Planning for Heart Rhythm 2023 is well underway, and it will be here before we know it. This year we will celebrate 20 years of *Heart Rhythm*, led so expertly by Dr Peng-Sheng Chen these past nearly 10 years. We are thankful for his leadership and his support for all the Heart Rhythm Society journals (*Heart Rhythm Case Reports, Cardiovascular Digital Health Journal*, and *Heart Rhythm O*²).

*Heart Rhythm O*² would not be the success that it is without the dedication and many long hours of work invested by the journal staff. I am immensely grateful to Lori Monteleone, Brianna Gallagher, Jeremey Rosenberg, and Kristin Murray.

I am also thankful for the support from our Elsevier Executive Publisher, Jane Grochowski.

My sincerest thanks,

Jole

Jeanne E. Poole, MD, FHRS Editor-in-Chief, Heart Rhythm O²



Address for reprint requests and correspondence: Dr Jeanne E. Poole, Division of Cardiology, University of Washington, 1959 NE Pacific St, Box 356422, Seattle, WA 98195. E-mail address: jpoole@u.washington.edu.

Funding Sources: The author has no funding sources to disclose.

Disclosures: The author has no conflicts of interest to disclose.

References

- Lavelle MP, Desai AD, Wan EY. Arrhythmias in the COVID-19 patient. Heart Rhythm O2 2022;3:8–14.
- Chew DS, Jones KA, Loring Z, et al. Diagnosis-to-ablation time predicts recurrent atrial fibrillation and rehospitalization following catheter ablation. Heart Rhythm O2 2022;3:23–31.
- Huijboom MFM, Boersma LVA. Left atrial appendage occlusion is underutilized. Heart Rhythm O2 2022;3:444–447.
- Munir MB, Hsu JC. Left atrial appendage occlusion should be offered only to select atrial fibrillation patients. Heart Rhythm O2 2022;3:448–454.